

51

## Entry Blank—Please Type or Print

- ☒ Ms./Artist  
☐ Mr./Artist

ANNIE PETERS

(last name last)

Permanent  
Address

4899 CLARKE RD, MIDDLEFIELD

Street

City

44062

Zip

Daytime Tel. (216)

693-4404

area

Temporary or  
Studio Address

SAME

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western  
Reserve, in which county were you born?

Collaborator (if any)

If May Show entries are not accepted or are not sold:

- ☒ Artist will pick up at Museum.  
☐ Museum should dispose of.  
☐ Museum should ship to artist at artist's expense.

Can we

move?

- yes

Zip

Sp

Ent  
be

forms received unsigned will not

When necessary, include instructions or a drawing for assembling and displaying  
an object.

Note carefully the dates for both delivery and return of objects. It is understood  
that the Museum shall dispose for its own account any objects not picked up by  
the dates given herein. It is also understood that accepted objects will remain on  
exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all  
terms and conditions printed herein.

Signature

Annie Peters

I have received the unsold/unaccepted object(s) in good condition.

Signature

Annie Peters

# Entry Blanks

## A

☐ Paintings  
☒ Sculpture

☐ Graphics  
☐ Crafts

☐ Photography  
 (specify category)

Materials used (media):

STICKS, RATTAN, LINEN

Title

STICKS # 6

Price or NFS

500.00

Insurance Value  
if NFS Only

Size

8' X 7 1/2' X 4 1/2"

height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in  
Edition

Price of Print  
Unframed

Price of  
Frame Only

ACCEPTED

X

NOT ACCEPTED

DO NOT WRITE IN THIS SECTION

(4) - 17

3 66 abc sc

ACCEPTED

X

NOT ACCEPTED

## B

☐ Paintings  
☐ Sculpture

☐ Graphics  
☐ Crafts

☐ Photography  
 (specify category)

Materials used (media):

Title

Price or NFS

Insurance Value  
If NFS Only

Size

height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.  
For Sale

Total No. in  
Edition

Price of Print  
Unframed

Price of  
Frame Only

ACCEPTED

DO NOT WRITE  
IN THIS SECTION

NOT ACCEPTED

ACCEPTED

REC'D

NOT ACCEPTED

DATE

Detach entire portion along dotted line and submit with slides, but retain tags



1989 MAY SHOW

The Cleveland Museum of Art  
Cleveland, Ohio 44106

ANNIE PETERS

Name

4899 CLARKE RD

Address

MIDDLEFIELD, OHIO 44062

City & State

Zip

## Notification #2

**Do Not  
Detach**

**A**

☐ Paintings

☐ Graphics

☐ Photography

☒ Sculpture

☐ Crafts

Title

STICKS #6

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED
(4)-17	X	

**B**

☐ Paintings

☐ Graphics

☐ Photography

☐ Sculpture

☐ Crafts

Title

DO NOT WRITE IN THIS SECTION	ACCEPTED	NOT ACCEPTED

### *Return of Objects*

**Not Accepted: June 20-24**

**Accepted: August 15-19**

It is understood that the Museum shall have the right to dispose for its own account any object not called for by the dates listed.

**THIS IS YOUR ONLY RECEIPT TO CLAIM YOUR OBJECT**

Do Not Detach